

Pulmonary Hypertension

Date: _____

Evolutionary Pharmacy Solutions

Fax Referral To: 1-800-239-0363

Phone: 1-844-800-5377



PATIENT INFORMATION:

Last Name:		First Name:		Home Phone:		Mobile:	
Home Address:				City:		State:	Zip:
Date of Birth:		Gender:	Weight:		Height:	Language:	
Emergency Contact Name:			Relationship:			Number:	

HEALTHCARE PROVIDER INFORMATION

Practice Name:		Dr Name:		Phone:		Fax:	
Address:				City:		State:	Zip:
NPI:		DEA:	License:		UPIN:		
Nurse/Key Contact:			Number:		Email:		

INSURANCE INFORMATION

Insurance Name:		Contact Number:					
Cardholder Name:				ID Number:		PCN:	
Cardholder DOB:				Group Number:		BIN:	
<input type="checkbox"/> Attach a Copy of Both Sides of the Patient's Insurance Card (s)							

PRESCRIPTION INFORMATION

Medication	Dose/Strength	Directions	Quantity	Refills
<input type="checkbox"/> Adcirca (tadalafil)	<input type="checkbox"/> 20mg tablet	<input type="checkbox"/> Take 40mg (2 tablets) PO once daily <input type="checkbox"/> Other: _____		
<input type="checkbox"/> Letairis (ambrisentan)	<input type="checkbox"/> 5 mg tablet <input type="checkbox"/> 10 mg tablet	<input type="checkbox"/> Take 5mg (1 tablet) PO once daily <input type="checkbox"/> Take 10mg (1 tablet) PO once daily		
<input type="checkbox"/> Revatio (sildenafil)	<input type="checkbox"/> 20mg tablet	<input type="checkbox"/> Take 20mg (1 tablet) PO three times daily <input type="checkbox"/> Other: _____		
<input type="checkbox"/> Revatio (sildenafil)	<input type="checkbox"/> 10mg/ml suspension	<input type="checkbox"/> Take 5mg (0.5 ml) PO three times daily <input type="checkbox"/> Take 20mg (2 ml) PO three times daily <input type="checkbox"/> Other: _____	<input type="checkbox"/> Bottle (112ml) <input type="checkbox"/> Other: _____	
<input type="checkbox"/> Tracleer (Bosentan)	<input type="checkbox"/> 32 mg tablet <input type="checkbox"/> 62.5 mg tablet <input type="checkbox"/> 125 mg tablet	<input type="checkbox"/> Initial Dose: Take 62.5mg PO twice daily for 4 weeks	<input type="checkbox"/> 60 <input type="checkbox"/> 180	
		<input type="checkbox"/> Maintenance Dose: Take 62.5mg PO twice daily <input type="checkbox"/> Maintenance Dose: Take 125mg PO twice daily		

CLINICAL INFORMATION

Diagnosis: 127.0 Primary pulmonary hypertension: Familial PAH Idiopathic PAH
 127.2 Secondary pulmonary hypertension: CHD Portal hypertension HIV Drugs/toxins Other: _____
 Other ICD-10: _____

New to therapy Restart Currently on therapy **Need Date:** _____ **Ship To:** Patient Dr Office Other: _____

Previous Tried Meds _____ **Current Meds:** _____

New York Association (NYHA) Functional Class: I II III IV 6 Minute Walk Distance: _____

Female of Reproductive Potential: Confirmed pregnancy test: Yes No **Allergies:** _____

PRESCRIBER SIGNATURE: _____

DATE: _____

Product substitution permitted Dispense as written *Stamp signature not allowed, physician signature required * Verbal Readback Yes No